

**Issue Classification**

XXXX (Assistant Examiner) (Date)	BJ FORMAN, PH.D. PRIMARY EXAMINER 20 November 2006 (Primary Examiner) (Date)	Total Claims Allowed: 34	
		O.G. Print Claim(s) 1	O.G. Print Fig. 1

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47			
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
1	1			31			61			121			181
	2			32			62			122			182
2	3			33			63			123			183
3	4		23	34			64			124			184
4	5		24	35			65			125			185
5	6		25	36			66			126			186
6	7		26	37			67			127			187
7	8		27	38			68			128			188
8	9		28	39			69			129			189
9	10			40			70			130			190
10	11			41			71			131			191
11	12			42			72			132			192
12	13			43			73			133			193
13	14			44			74			134			194
14	15			45			75			135			195
15	16		21	46			76			136			196
16	17		22	47			77			137			197
17	18			48			78			138			198
18	19		28	49			79			139			199
19	20		30	50			80			140			200
20	21		31	51			81			141			201
	22		32	52			82			142			202
	23		33	53			83			143			203
	24		34	54			84			144			204
	25			55			85			145			205
	26			56			86			146			206
	27			57			87			147			207
	28			58			88			148			208
	29			59			89			149			209
	30			60			90			150			210